



**DEPARTMENT OF SAFETY
DIVISION OF FIRE STANDARDS AND TRAINING &
EMERGENCY MEDICAL SERVICES
NH EMS PREREQUISITE APPLICATION**
PLEASE PRINT (BLACK INK) OR TYPE



PROTOCOL NAME _____ PROTOCOL NUMBER _____

LEGAL NAME OF UNIT _____ UNIT LICENSE NUMBER _____

BUSINESS STREET ADDRESS _____
STREET CITY STATE ZIP CODE

MAILING ADDRESS _____
STREET/PO BOX CITY STATE ZIP CODE

HEAD OF UNIT _____ TITLE _____

CONTACT TELEPHONE _____ FAX (IF AVAILABLE) _____

EMAIL ADDRESS (IF AVAILABLE) _____

MEDICAL RESOURCE HOSPITAL _____

MEDICAL DIRECTOR OR DESIGNEE _____

MEDICAL DIRECTOR PHONE _____

TYPE OF APPLICATION (CIRCLE)

INITIAL

RENEWAL

HEAD OF UNIT _____ DATE _____ MEDICAL DIRECTOR OR DESIGNEE _____ DATE _____

ATTACHED IS SUPPORTING DOCUMENTATION FOR ALL ELEMENTS LISTED IN Saf-C 5922.01 (e) WITH A LIST OF LICENSING PROVIDERS TRAINED UNDER Saf-C 5922.

PART Saf-C PATIENT CARE PROTOCOLS

Saf-C 5922.01 Procedures...

(d) Prerequisites required by protocol shall be established by the EMS Medical Control Board in accordance with RSA 153:A-2 XVI (a).

(e) Protocol prerequisites, when required, shall address each of the following elements:

- (1) The protocol title and number to which the prerequisites relate;
- (2) The provider licensure level necessary to carry out the protocol;
- (3) The name of the medical director, or designee, who will oversee the training module;
- (4) The MRH and EMS head of unit recommendations to the division;
- (5) The provider experience criteria;
- (6) All quality management program elements;
- (7) Reporting requirements for monitoring and skill retention;
- (8) Equipment and staff support resources necessary;
- (9) Provider renewal criteria, and
- (10) Training requirements.